CITY OF MENOMONIE Application - for 90 day - TRANSIENT MERCHANT license				
Name of Applicant(Firs Local Address	st) (Middle)			Male / Female (Circle One)
Permanent Address				
Telephone Number		Race		
Age Date of Birth	Color of Hair	Color of eyes	Height	Weight
Name, address and telepho employed by, or whose mer				
Temporary address and tele	ephone number where bus	iness will be condu	cted:	
Describe nature of business	s to be conducted and descr	ribe goods to be solo	l and any serv	vices offered:
Proposed method of deliver If vehicle to be used, descri List three recent locations	be	onducted:	License	
Where can you be contacted	l for at least seven days af	ter leaving the city	?	
Have you ever been convict years? Yes	ed of any crime or ordinan No	ace violation relatin	g to this busin	ness within the last five
If yes, please state nature o	f offense and place and da	te of conviction:		
Date of application		Signature of App	licant	
A copy of	must be attached to your Wisconsin Se orms of identificati	ller's Permit	tion:	
Lic. Fee \$50.00 (\$45.00 - 01.43	410; Investigation Fee \$5.00 -	01.44210) Red	ceipt No	
INVESTIGATION HAS B	EEN COMPLETED ON T	HIS APPLICANT A	AND FOUND	TO BE SATISFACTOR
Date Approved	Chief of Pol	ice or Agent		